

opens the bottle and the date he finishes it, otherwise he must keep a record upon each patient it is used. A physician may not fill another physician's prescription unless he register as a druggist.

If a prescription calls for exempt preparations such as Paregoric, Elixir Heroin and Terpinhydrate, the person to whom the medicine is delivered need not sign on the back of the prescription but must sign the form customary in all cases where such preparations are sold over the counter.

The druggist may not deliver a narcotic excepting on a prescription of a registered physician. He must obtain on the back of the prescription the name and address of the person to whom the medicine is delivered. He may not furnish the medicine and obtain the signature subsequently. If the physician telephone the prescription to save time, the druggist cannot deliver the medicine until he has the prescription so that it may be signed. The prescription may be left at the house of the patient and signed prescription given to the messenger who delivers the medicine.

The physician may not prescribe or administer narcotics to an addict for the simple purpose of relieving his suffering or allaying his craving no matter how much the addict may be suffering from lack of the drug. A former decision permitted a physician to furnish the druggist with the formula of a mixture which he was in the habit of prescribing and he could then order this mixture under a special name such as Mixture Pectoralis without the formality attendant upon the narcotic prescription, provided the quantity of narcotic was within the exempted limit, that is, 2 gr. of opium or 1 gr. of codeine, and provided the druggist kept this preparation on hand and kept a record of the quantity of narcotic used in making it. This has now been rescinded and exemption only applies to U. S. P. and N. F. preparations and preparations which are marketed generally with a printed label.

A physician ordering a considerable quantity of any narcotic must state on the prescription whether it be for an incurable and aged infirm addict or an addict undergoing a cure.

Bureau of Child Hygiene

MINIMUM STANDARDS FOR THE PUBLIC PROTECTION OF THE HEALTH OF CHILDREN AND MOTHERS

Maternity

1. Maternity or prenatal centers, sufficient to provide for all cases not receiving prenatal supervision from private physicians. The work of such a center should include:

(a) Complete physical examination by physician as early in pregnancy as possible, including examination of heart, lungs, abdomen and urine, and the taking of blood pressure; internal examination and pelvic measurements before seventh month in primipara; examination of urine every four weeks during early months, at least every two weeks after sixth month, and more frequently if indicated; Wassermann test, when indicated.

(b) Instruction in hygiene of maternity and supervision throughout pregnancy, through at least monthly visits to a maternity center until end of sixth month, and every two weeks thereafter. Literature to be given mother to acquaint her with the principles of infant hygiene.

(c) Employment of sufficient number of public-health nurses to do home visiting and to give instructions to expectant mothers in hygiene of pregnancy and early infancy; to make visits and to care for patient in puerperium; and to see that every infant is referred to an infant-welfare center.

(d) Confinement at home by a physician or a properly trained and qualified attendant, or in a hospital.

(e) Nursing service at home at the time of confinement and during the lying-in period, or hospital care.

(f) Daily visits through fifth day, and at least two other visits during second week by physician or nurse from maternity center.

(g) At least ten days' rest in bed after a normal delivery, with sufficient household service to allow mother to recuperate.

(h) Examination by physician before discharging patient, not later than six weeks after delivery.

2. Clinics, such as dental clinics and venereal clinics, for needed treatment during pregnancy.

3. Maternity hospitals, or maternity wards in general hospitals, sufficient to provide care in all complicated cases and for all women wishing hospital care; free or part-payment obstetrical care to be provided in every necessitous case at home or in a hospital.

4. All midwives to be required by law to show adequate training, and to be licensed and supervised.

5. Training and registration of household attendants to care, under the supervision of physician or public-health nurse, for sicknesses in the home and for the home during sickness.

6. Education of general public as to problems presented by maternal and infant mortality and their solution.

Infants and Preschool Children

1. Complete birth registration by adequate legislation requiring reporting within three days after birth.

2. Prevention of infantile blindness by making and enforcing adequate laws for treatment of eyes of every infant at birth and supervision of all positive cases.

3. Sufficient number of children's health centers to give health instruction under medical supervision for all infants and children not under care of private physician, and to give instruction in care and feeding of children to mothers, at least once a month throughout first year, and at regular intervals throughout preschool age. This center to include a nutrition clinic.

4. Children's health center to provide or to co-operate with sufficient number of public-health nurses to make home visits to all infants and children of preschool age needing care—one public-health nurse for average population of 2,000.

Visits to the home are for the purpose of instructing the mother in:

(a) Value of breast feeding.

(b) Technique of nursing.

(c) Technique of bath, sleep, clothing, ventilation, and general care of the baby, with demonstrations.

(d) Preparation and technique of artificial feeding.

(e) Dietary essentials and selection of food for the infant and for older children.

(f) Prevention of disease in children.

5. Dental clinics; eye, ear, nose and throat clinics; venereal and other clinics for the treatment of defects and disease.

6. Children's hospitals, or beds in general hospitals, or provision for medical and nursing care at home, sufficient to care for all sick infants and young children.

7. State licensing and supervision of all child-caring institutions or homes in which infants or young children are cared for.

8. General educational work in prevention of communicable disease and in hygiene and feeding of infants and young children, including compulsory course in child hygiene in the public schools.